



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

This Notice describes the legal obligations of the Federal Home Loan Bank of Dallas (“Bank”) Employee Health Care Benefits Plan and the Federal Home Loan Bank of Dallas Flexible Spending and Reimbursement Account Plan (individually and collectively, the “Plan”) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the regulations issued under HIPAA (the “Privacy Rule”). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

HIPAA requires that we (the Plan) provide this Notice of Privacy Practices (the “Notice”) to you.

The HIPAA Privacy Rule protects only certain medical information, namely, information that is classified under the Privacy Rule as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan (such as the Bank’s Plan), or your employer on behalf of a group health plan, that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for health care provided to you.

If you have any questions about this Notice or about the privacy practices of the Bank or the Plan, please contact the Plan’s Privacy Official, Charles Lockyer, Managing Attorney of the Bank, at telephone number 214 441 8716. You may also contact the Privacy Official by correspondence address to him c/o the Federal Home Loan Bank of Dallas, 8500 Freeport Parkway South, Suite 100, Irving, Texas 75063.

### **Effective Date**

This Notice is effective as of April 14, 2004.

## Our Responsibilities

The law requires that we:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal obligations and privacy practices with respect to you protected health information; and
- follow the terms of the Notice that is currently in effect,

We reserve the right to change the terms of this Notice and to add new provisions regarding your protected health information that we maintain, as the law may permit or require us to do. If we make any material change to this Notice, we will furnish you a copy of our revised Notice of Privacy Practices by delivering it to you at the Bank or we may choose to mail it to your last-known address that we have on file for you.

### How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different circumstances under which we may use and disclose your protected health information without obtaining your permission. For each category of uses or disclosures, we explain what such category means and we provide some examples of uses or disclosures that fall within each category. We have not listed every possible use or disclosure that will fall under each category. But all of the circumstances under which we are permitted by law to disclose your protected health information will fall within one of the categories listed below.

**For Treatment.** HIPAA permits a “covered entity” such as the Plan to use or disclose protected health information in order to facilitate medical treatment or service by providers of health care. We may disclose medical information about you to providers of health care, including doctors, nurses, medical technicians, medical students, or other hospital personnel who are involved in providing medical care to you. Because the Plan is not a provider, it does not anticipate that it will regularly disclose medical information about you to providers of care. Such disclosure, however, may occur in circumstances where the Plan is the only holder of information that a provider of health care requires in order to take care of you.

**For Payment.** We may use and disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for treatment, services, and goods (such as prescriptions) that you receive from health care providers; to determine benefit responsibility under the Plan; or to coordinate Plan coverage with other providers of insurance or medical benefits. For example, we may tell your health care provider about

your medical history in order to determine when a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will pay for the treatment. We may also share your protected health information with a utilization review or pre-certification provider. Likewise, we may share your protect health information with another entity in order to assist with the adjudication or subrogation of health claims or to another health plan in order to coordinate the payments of benefits.

**For Health Care Operations.** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to operate the Plan and provide you with benefits. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting premiums and other activities relating to benefits provided by the Plan; submitting claims for stop-loss (or excess-loss) coverage provided to the plan by insurance companies; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and general Plan administrative activities.

**To Business Associates.** We may contract with individuals or entities known as “Business Associates” to perform various functions on behalf of the Plan or to provide certain types of services to the Plan. In order to perform these services, Business Associates will receive, create, maintain, use and/or disclose your protected health care information but only after they sign a written agreement (“Business Associate Agreement”) with us that obligates them to implement appropriate safeguards regarding the use or disclosure of your protected health care information. For example, we may disclose your protected health care information to a Business Associate that administers claims for us or provides support services, such as utilization management, pharmacy benefit management, subrogation, or management of the Plan’s Medical Flexible Spending Account. Each Business Associate that provides services to the Plan will enter into a Business Associate Agreement with the Plan. The Plan currently contracts with Web TPA to provide many of the services with respect to benefit claims processing and reimbursement of medical expenses under the Plan’s Medical Flexible Spending Account. Web TPA is a party to a Business Associate Agreement with the Plan.

**As Required By Law.** We will disclose your protected health information when federal, state, or local law requires us to do so. For example, we may disclose your protected health care information when national security laws or public health disclosure laws require us to do so.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent or mitigate the threat. For example, we may disclose your protect health information in a proceeding regarding the licensure of a physician. Likewise, for example, Texas law may require us to report to the Texas Department of Health incidents of communicable diseases.

**To Plan Sponsors.** For purposes of administering the Plan, we may disclose to certain employees of the Bank your protected health information. These employees, however, will use or disclose your protected health care information only as necessary to perform Plan administration function or as otherwise required by HIPAA, unless you have authorized some further disclosure. For example, employees of the Bank will disclose your protected health care information to the Web TPA, the Business Associate that processes claims under the Plan's Medical Flexible Spending Account. Without your specific authorization, your protected health care information cannot be used for employment purpose. This means, for example, that your protected health information will not be used to consider your eligibility for a promotion at the Bank. The Bank's employees who will have access to, and may use or disclose, your protected health information are Tim Heup, Senior Vice President for Human Resources, Alesia Owens, Senior Human Resources Advisor, Debbie Dickinson, Compensation and Benefits Administrator, Olga Vela, Payroll Supervisor, and Teresa McMiller, Human Resources Assistant. The Plan Privacy Official, Charles Lockyer, will not have access to your protected health information except in connection with investigating a complaint from you, and then only to the extent necessary to investigate your complaint or to provide you with appropriate relief.

### **Special Situations**

In addition to the above, the following categories describe possible other ways that we may use and disclose your protected health information. For each category of uses or disclosures listed below, we explain what we mean and provide some examples. Not every use or disclosure is listed. All of the ways that we are permitted to use and disclose protected health information, however, will fall into one of the listed categories.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information to organizations that handle organ procurement of an organ, eye, or tissue transplantation to an organ donation bank, as necessary to facilitate organ and tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your protected health information for workers' compensation or similar programs. These programs provide benefits to employees for work-related injuries or illnesses and the disclosure of protected health information to them is expressly permitted under HIPAA's Privacy Rule.

**Public Health Risks.** We may disclose your protected health information for public health purposes. Such disclosures would be made for purposes that include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. To the extent prohibited by law, we will not use or disclose protected health information regarding treatment for alcohol or drug abuse.

**Lawsuits And Disputes.** If you are involved in a lawsuit, dispute or other legal proceeding, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we have first attempted to tell you about the request or sought to obtain an order protecting further disclosure of the information requested.

**Law Enforcement.** We may disclose your protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary in order for them to carry out their duties.

**National Security and Intelligence Activities.** We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if the disclose is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** We may disclose your protected health information when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board (a) has reviewed the research proposal; (b) established protocols to ensure the privacy of the requested information; and (c) approves the research.

### **Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

**Disclosures To You.** When you request us to do so, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested by you, to provide you with an accounting of most, but not all, disclosures by us of your protected health information where the disclosure was for reasons other than for payment, treatment, or health care operations, and where the protected health information was not disclosed pursuant to your individual authorization.

**Disclosure Regarding Spouses, Children And Other Enrolled Persons.** We are limited in the disclosures we are permitted to make to you of protected health information of your spouse, children, or other persons who are provided health insurance benefits through your enrollment in the Plan. Generally, we may disclose to you the protected health information of your unemancipated minor children. Without their written authorization, however, we are prohibited from disclosing to you the protected health information of any spouse, child, or other person enrolled under the Plan who has reached the age of majority. This restriction applies even if the person is your dependent.

## Other Disclosures

**Personal Representatives.** We will disclose your protected health information to individuals authorized by you in writing, or to an individual designated as your personal representative, attorney-in-fact, or the like so long as you provide us with a written notice/authorization and any supporting documents (*e.g.*, power of attorney). Note, that under the HIPAA Privacy Rule, we are not required to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subject to domestic violence, abuse, or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise of professional judgment, it has come to our attention that it is not in your best interest to treat the person as your personal representative.

**Authorizations.** We will make disclosures of your protected health information other than those described above only upon your written authorization. You may revoke any written authorization at any time, provided that the revocation is in writing. Once we receive your written revocation, it will be effective only for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance on your written authorization and prior to receiving your written revocation of that authorization.

## Your Rights

You have the following rights with respect to your protected health information:

**Right To Inspect And Copy.** You have the right to inspect and obtain a copy of certain protected health information that may be used to make decisions about your health care benefits. To inspect and obtain a copy of your protected health information, you must submit your request in writing to one of the following employees of the Bank: Debbie Dickinson, Compensation and Benefits Administrator, or Tim Heup, Senior Vice President of Human Resources, during the normal business hours of the Bank. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with fulfilling your request.

In certain very limited circumstances, we may deny your request to inspect and obtain a copy of your protected health information. If you are denied access to your protected medical information, you may request that the denial be reviewed by submitting a written request for a review to the HIPAA Privacy Official, Charles Lockyer.

**Right To Amend.** If you believe that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

Starting with the Effective Date of this Notice, the Plan maintains medical information for six years.

To request an amendment of your medical information, your request must be in writing and submitted to one of the following employees of the Bank: Debbie Dickinson, Compensation and Benefits Administrator, or Tim Heup, Senior Vice President of Human Resources. Your request must also state a reason supporting the request.

We may deny your request for an amendment if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request for an amendment if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and obtain a copy of; or
- is already accurate and complete.

If we deny your request, you have the right to file a written statement of disagreement with us and any future disclosure of the disputed information that we make will include your statement of disagreement. Your statement of disagreement should be sent to the Plan Privacy Official, Charles Lockyer, at his address indicated above.

**Right To An Accounting of Disclosures.** You have the right to request that we provide you with an accounting of certain disclosures of your protected health information that we, or a Business Associate acting on our behalf, have made. The accounting will not include: (1) disclosures made for the purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures that are incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to one of the following employees of the Bank: Debbie Dickinson, Compensation and Benefits Administrator, or Tim Heup, Senior Vice President of Human Resources. Your request must state a time period of not more than six years and may not include any dates before April 14, 2004. Your request should indicate in what form you prefer to receive the list, for example paper or electronic. The Plan reserves the right to provide the list in paper form if providing it in any other requested medium is not feasible or practical. The first list you request in any twelve-month period will be provided free of charge. For additional lists within the same twelve-month period, we may charge you for the cost of providing the list. We will notify you in advance of the costs involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right To Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your case, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If, however, we do agree to your request, we will honor the restriction until you revoke it or we notify you that we will no longer honor the restriction.

To request restrictions, you must make your request in writing and submit it to one of the following employees of the Bank: Debbie Dickinson, Compensation and Benefits Administrator, or Tim Heup, Senior Vice President of Human Resources. In your request you must tell us (1) what information you want to be subject to your restriction; (2) whether you want us to limit our use of the restricted information, our disclosure of the restricted information, or both our use and disclosure of the restricted information; and (3) to whom you want the restrictions to apply, for example disclosures to your spouse.

**Right To Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we contact you only at work or only by mail. Likewise, you can request that communications by mail be sent to an address other than the one the Plan normally maintains for mailings sent to you.

To request confidential communications, you must make your request in writing and submit it to one of the following employees of the Bank: Debbie Dickinson, Compensation and Benefits Administrator, or Tim Heup, Senior Vice President of Human Resources. We will not ask you for the reason for your request. Your request must specify how and where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected health information could endanger you.

**Right To A Paper Copy Of This Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to receive a paper copy of this Notice.

You may also obtain a copy of this Notice under the heading, "Employment" on our website at [www.fhlb.com](http://www.fhlb.com).

To obtain a paper copy of this Notice, contact one of the following employees of the Bank: Debbie Dickinson, Compensation and Benefits Administrator, or Tim Heup, Senior Vice President of Human Resources.

## **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the Plan's Privacy Official, Charles Lockyer, Managing Attorney of the Bank. His telephone number is 214 441 8716.

A complaint to the Office for Civil Rights should be sent to the following address:

OCR Regional Manager  
Office for Civil Rights  
U.S. Department of Health & Human Services  
1301 Young Street  
Suite 1169  
Dallas, TX 75202

Phone: 214 767 4056  
TDD: 214 767 8940  
Fax: 212 767 0432

The Office for Civil Rights recommends, but does not require, that complaints be submitted on a form that it has prepared. The Officer for Civil Right's complaint form and other information regarding how to file a complaint are available at its website at [www.hhs.gov/ocr/privacyhowtofile.htm](http://www.hhs.gov/ocr/privacyhowtofile.htm)

You will not be penalized or retaliated against in any way if you file a complaint with the Office for Civil Rights or the Plan.

## **Security of Communications**

All protected health information that the Plan discloses in paper form, and all written communications from the Plan to you with respect to protected health information or any notice, authorization, request or other communication required or permitted under this Notice or the Privacy Rule will be sent to you either in a sealed envelope as first class mail through the U.S. Postal Service or, if sent through a courier service or the Bank's interoffice mail system, will be enclosed in a sealed envelope placed inside any Bank interoffice envelope or courier service envelope or other packing medium. We encourage you always to send to us in a sealed envelope any written communication that contains your protected health information or any other notice, authorization, request, or other communication required or permitted under this Notice or the Privacy Rule.